Insert practice logo here

IR(ME)R Employers Procedures Dentistry

January 2024



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| EP7 Diagnostic Reference Levels (DRLs) | [Name of NHS Dental Practice/Independent Clinic] |

### Diagnostic Reference Levels

The Employer is responsible for setting and regularly reviewing DRLs for all standard exposures, which must meet or be below national and European DRLs where available. The MPE can provide relevant DRLs. These should be easily accessible to the Operator.

The Employer is responsible for ensuring appropriate reviews are undertaken whenever DRLs are consistently exceeded, and that corrective action is taken where appropriate.

### Establishing Local DRLs

The MPE, as laid out within their contract, will advise on appropriate Local DRLs for all standard examinations that are based on the standard exposures as listed in the exposure protocols. These Local DRLs will be set in terms of displayed information, for example Dose Area Product (DAP) or measurement such as patient entrance surface dose.

### Reviewing Local DRLs

Local DRLs will be reviewed following the regular checks of representative dose undertaken as part of the QA programme. The MPE will advise where any adjustments are necessary, having regard for any available national or European DRLs. Local DRLs will be reviewed every [*3 years].*

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| --- | --- |
| EP8 Clinical Evaluation | [Name of NHS Dental Practice/Independent Clinic] |

### Recording a Clinical Evaluation

Following a dental exposure, a suitably trained and entitled Operator must clinically evaluate each image and the findings documented in the patient’s [*dental record/electronic record]*.

This evaluation of the whole image will include:

* The identity *[signature/initials]* of the Operator undertaking the evaluation
* The details of all findings including:
* Charting of caries or alveolar bone levels where appropriate
* Findings relevant to the patient’s management or prognosis
* In the case of pre-extraction radiograph, it may be sufficient to record either ‘root form simple’ or ‘nothing abnormal diagnosed’.

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| EP9 Training and Education | [Name of NHS Dental Practice/Independent Clinic] |

### Training

The Employer is responsible for ensuring that Practitioners and Operators are adequately trained for their scope of practice. This includes training on each specific piece of equipment to be used, and radiation safety and IR(ME)R.

The Employer must ensure that training is only delivered by designated competent trainers. They must also ensure that each duty holder has an up-to-date training record, which includes their current registration details and is available to relevant enforcing authorities (an example training record can be found in [Appendix 3](#_Appendix_3)).

Employers must ensure they have evidence of the training and competence of any staff working under practicing privileges, and that they are entitled to work in the practice/independent clinic such as associates, locums and visiting independent clinicians.

### Students/Trainees

There must be ‘direct’ supervision by someone who is adequately trained, entitled and is directly accountable for the activity of the trainee.

Appendix 3

### EP9 Example Training Records

|  |  |  |
| --- | --- | --- |
| ***Name [NHS Dental Practice/Independent Clinic:]*** | |  |
| **Name of duty holder:** | |  |
| **Job title:** | | *e.g. Dental Nurse* |
| **Entitlement:** | | *e.g. Operator* |
| **Training reviewed by:** |  | |
| **Date:** |  | |
| **Next training review due:** |  | |

**External Training**

|  |  |  |
| --- | --- | --- |
| **Type of training** | **Qualification** | **Date** |
| *e.g. Dental Nurse training including radiography* | *Certificate in Dental Nursing* |  |
| *e.g. CPD training on radiation protection* |  |  |
|  |  |  |
|  |  |  |

**In-house training (if applicable)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Site/Room/Equipment** | *e.g. Glasgow Dental Practice, Exam room 2, Intra oral machine* | | | |
| **Task** | |  | **Trainer initials** | **Date** |
| Switch x-ray equipment on and off | |  |  |  |
| Aware of exposure charts and protocols | |  |  |  |
| Can select appropriate exposure factors | |  |  |  |
| Undertake an intra oral dental exposure | |  |  |  |
| Use rectangular collimation | |  |  |  |
| Emergency procedure for equipment failure | |  |  |  |
| Complete room log including exposure factors/dose when appropriate | |  |  |  |
| **This person has received training on the above tasks** | | | | **Date** |
| Signature of trainer |  | | |  |
| Name of trainer |  | | | |
| Signature of duty holder |  | | |  |
|  |  |  |  |  |
| **Site/Room/Equipment** | *e.g. Glasgow Dental Practice, Exam room 2, Desktop processor* | | | |
| **Task** | |  | **Trainer initials** | **Date** |
| Switch x-ray equipment on and off | |  |  |  |
| Process a film | |  |  |  |
| Clean processor | |  |  |  |
| Change chemicals in processor | |  |  |  |
| Processor QA | |  |  |  |
| **This person has received training on the above tasks** | | | | **Date** |
| Signature of trainer |  | | |  |
| Name of trainer |  | | | |
| Signature of duty holder |  | | |  |
|  |  |  |  |  |
| **Site/Room/Equipment** | *e.g. Glasgow Dental Practice, Exam room 2, Desktop processor* | | | |
| **Task** | |  | **Trainer initials** | **Date** |
| Switch x-ray equipment on and off | |  |  |  |
| Process a film | |  |  |  |
| Clean processor | |  |  |  |
| Change chemicals in processor | |  |  |  |
| Processor QA | |  |  |  |
| **This person has received training on the above tasks** | | | | **Date** |
| Signature of trainer |  | | |  |
| Name of trainer |  | | | |
| Signature of duty holder |  | | |  |
|  |  |  |  |  |
| **Site/Room/Equipment** | *e.g. Glasgow Dental Practice, Exam room 2, Desktop processor* | | | |
| **Task** | |  | **Trainer initials** | **Date** |
| Switch x-ray equipment on and off | |  |  |  |
| Process a film | |  |  |  |
| Clean processor | |  |  |  |
| Change chemicals in processor | |  |  |  |
| Processor QA | |  |  |  |
| **This person has received training on the above tasks** | | | | **Date** |
| Signature of trainer |  | | |  |
| Name of trainer |  | | | |
| Signature of duty holder |  | | |  |
|  |  |  |  |  |
| **Site/Room/Equipment** | *General* | | | |
| **Task** | |  | **Signature of duty holder** | **Date** |
| Familiar with the responsibilities and processes described in the Employer’s Procedures and Local Rules | |  |  |  |
|  |  |  |  |  |